

KINSHIP CARE SCHOOL VERIFICATION

Use of form: This form is to be completed by relatives who are receiving Kinship Care benefits for a child who is, or will soon be 18 years of age or older, but under 19 years of age. An 18 year old must be enrolled full-time in high school or an alternative high school diploma program, be in good academic standing, and be expected to graduate in order to continue to be eligible for the Kinship Care program. The form must be signed by both the relative caregiver and a school official. This form provides verification of eligibility for Kinship Care as required under s. 48.57(3m) and 48.57(3n), Stats.

Section I To be completed by the relative caregiver.

Name - Child (Last, First, MI)	Birthdate - Child (mm / dd / yyyy)
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Name - Relative Caregiver	Address - Relative Caregiver (Street, City, State, Zip Code)
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Yes **No**

☐ ☐ The child named above is enrolled full-time in high school or a high school equivalency program (or if school is not currently in session, the child was enrolled during the previous semester, and will be enrolled during the next semester).

☐ ☐ The child named above is achieving a level of success that will allow the child to graduate, and is reasonably expected to graduate from high school or earn a high school equivalency diploma.

Date - Expected Graduation (mm / dd / yyyy)

SIGNATURE - Relative Caregiver

Date Signed

Section II To be completed by an official from the school or equivalency program where the child is enrolled.

I certify that the information provided by the caregiver relative above is true to the best of my knowledge.

Name - School Official (Print)

Title - School Official (Print)

SIGNATURE - School Official

Date Signed

Name - School / Academic Program (Print)

Note: Kinship Care agency will maintain a copy of this form in the case file.This form is **NOT** to be sent to the Department of Health and Family Services.